

Title: **COMPUTER-IMPLEMENTED METHOD AND SYSTEM FOR MANAGING PATIENT
HEALTHCARE AND EVALUATING PATIENT KIDNEY FUNCTION**

First Named Inventor: **John M. Flack**

Application Serial No.: **10/036,202** / Atty. Docket No.: **MTS 0102 PUS**

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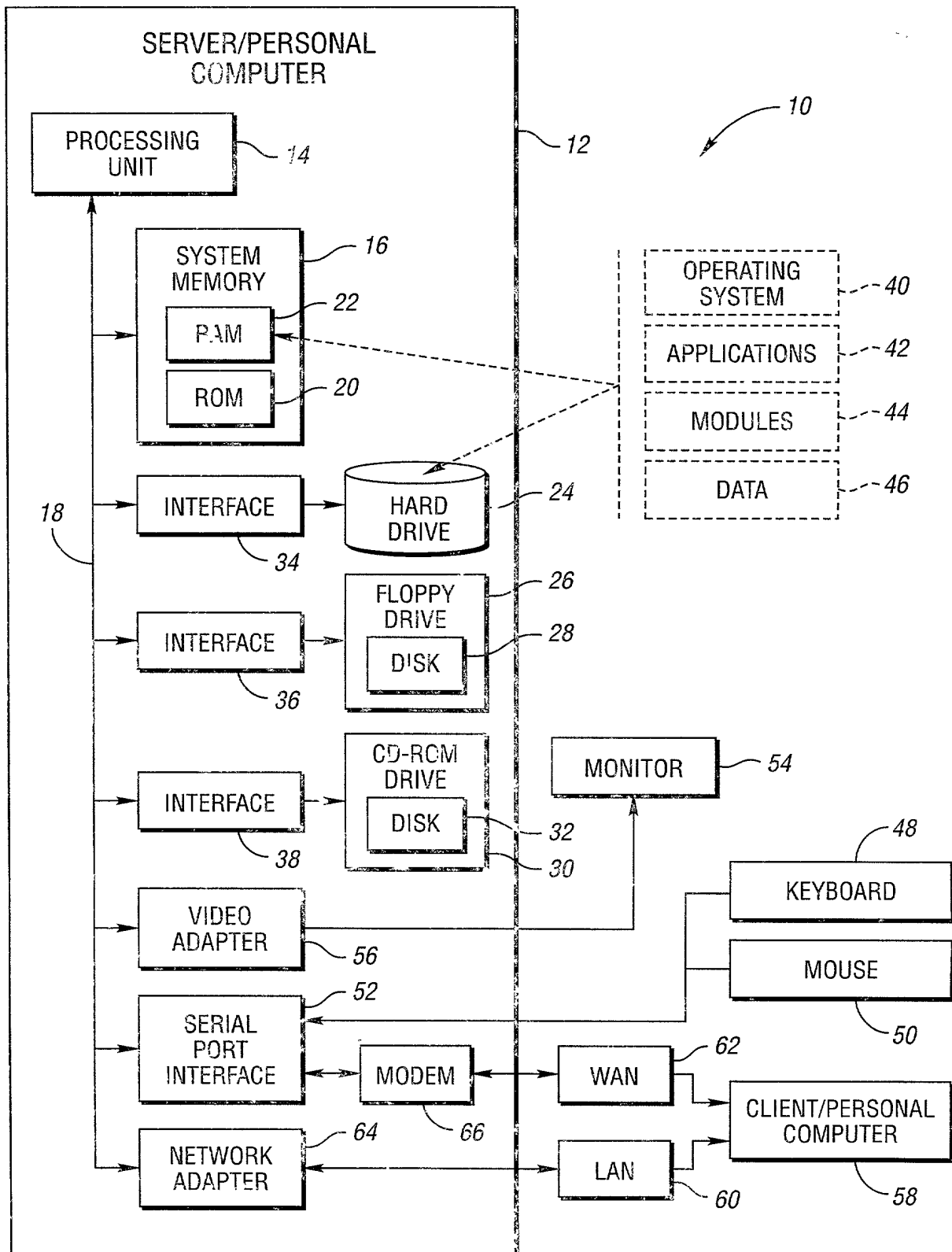


Fig. 1

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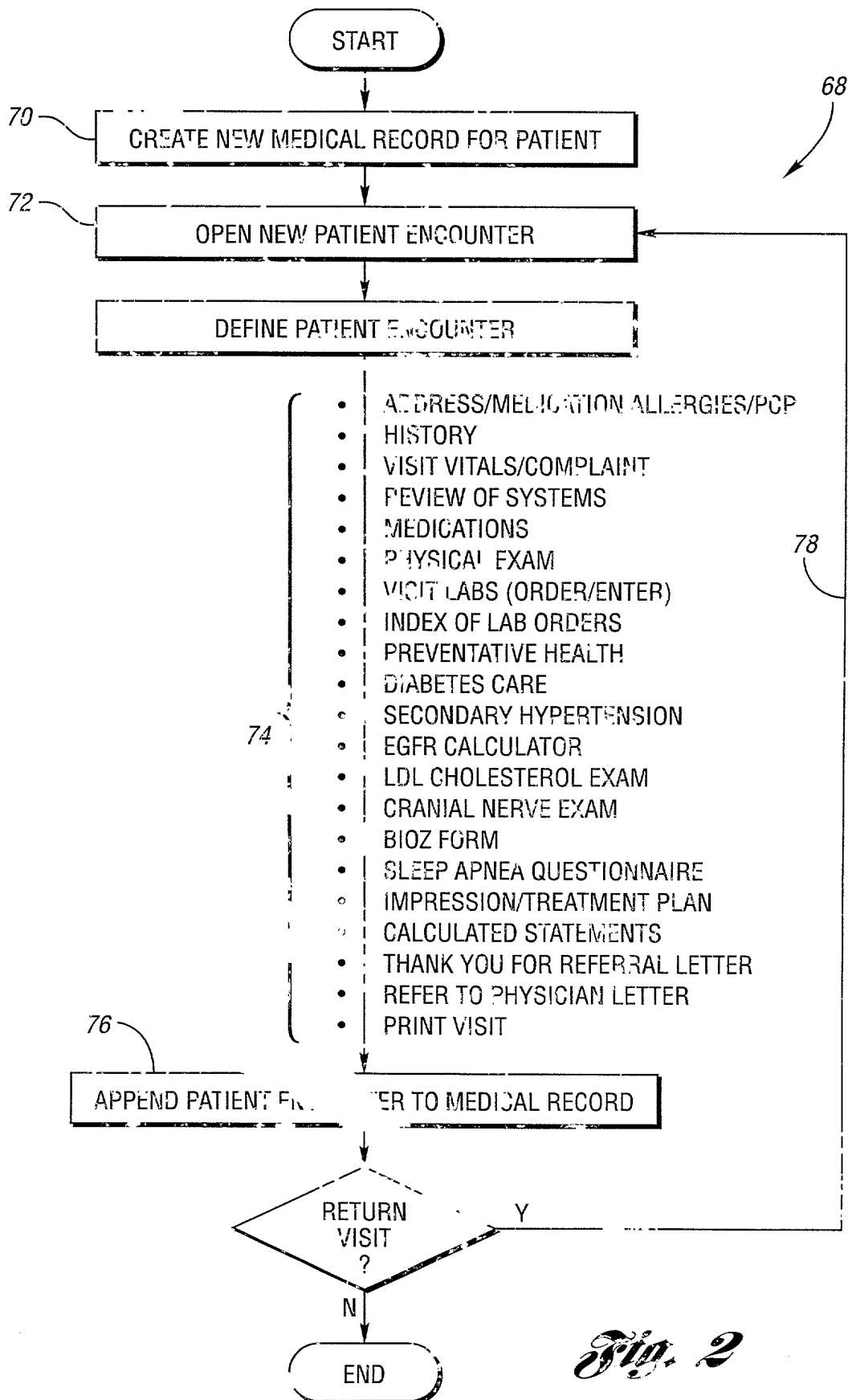


Fig. 2

Title: COMPUTER-IMPLEMENTED METHOD AND SYSTEM FOR MANAGING PATIENT HEALTHCARE AND EVALUATING PATIENT KIDNEY FUNCTION

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Microsoft Access

File Edit Insert Records Window Utilities Add To List Medication Table Treatment Algorithms View Summary Help

Patient Information

82 84

Expired Chronic No Snow Close

Patient Demographics Referring / Primary Physician Information

Last Name: [Doe] First Name: [John] MI: [A] DOB: [03/05/1925] Gender: [Male] Race: [African American] Address: [123 First Street] City, State, Zip: [Jettrol] [12345] [MO] [12345] Phone: [313] [123-5555] Email Address: [313] [123-2323]

86

Medical Record Number: [99-99-99999] Social Security Number: [123-12-1234]

Please select the physicians:
His patient will or is currently seeing in this clinic:

Clinic Physician:

88 90 92

Drug Allergies:

Medication Allergies:

98

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Comments:

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Patient Encounter Summary

Patient: Doe, John SSN: 123-12-1234

New visit / Encounter to Add: Select Lab Visit:

View Encounter Type Contact Date

☐ Initial Visit 01/03/1999

(most current visit listed first)

<input type="checkbox"/> Telephone	12/12/2000
<input checked="" type="checkbox"/> Return	11/02/2000
<input type="checkbox"/> Telephone	10/16/2000
<input type="checkbox"/> Telephone	10/09/2000
<input type="checkbox"/> Telephone	10/07/2000
<input type="checkbox"/> Emergency Room	09/26/2000
<input type="checkbox"/> Telephone	09/10/2000
<input type="checkbox"/> Telephone	06/24/2000
<input type="checkbox"/> Telephone	06/23/2000
<input type="checkbox"/> Return	01/21/2000
<input type="checkbox"/> Nurse	01/11/2000

Address / Medication Allergies / PCP

BioZ Form

Calculated Statement

Cranial Nerve Exam

Diabetes Care

EGFR Calculator

History

Impressions / Treatment Plan

Index of Lab Orders

LDL Cholesterol Goal

Medications

Physical Exam

Preventive Health

Refer To Physician Letter

Review of Systems

Secondary Hypertension

Sleep Apnea Questionnaire

Thank You for Referral Letter

Visit Labs (Order / Enter)

Visit Vitals / Complaint

Print Visit

Delete Visit

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Fig. 4

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DocId: 3029E007

MedTrace
 File Edit Insert Records Window Add To List Medication Table Treatment Algorithms View Summary Help

Patient History

Patient Name: **John Doe**
 SSN: **123-45 1234**

120 122 124 116 118 126

Unlock/Edit History Outline Changed Fields Close

Block Pressure Cardiovascular/Renal Family/Personal History Non-Drug Allergies

☒ Yes ☐ No Hypertension

Hypertension Diagnosis's Date: [] [non-formatted date field]

Duration of hypertension: [] years

Highest know systolic blood pressure: [] mm Hg

Highest know diastolic blood pressure: [] mm Hg

ER visits for hypertension: []

Last ER visit for hypertension: [] [non-formatted date field]

hospitalizations for HTN: []

Last hospitalization for hypertension: [] [non-formatted date field]

How many times per week do you forget to take your Bp medication: []

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Fig. 5

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Initial Visit Form: [Comprehensive]
Close

Patient: Doe, John

SSN: 123-12-1234

Date of Visit: 01/03/1999

Prescribing Complaint

Problem List

Visit Vitals

Problem(s): Select from drop-down list choices here or use "Check Sheet"

Problems:

Hypertension				
Dyspnea on Exertion				
Asthma				
*				

Comments:

~1 block, probable cause emphysema

Yes=Resolved,
No=Continues:

Other Problems: Enter free text in this section for problems not available above

Problems(free text)

Hypertension				
Dyspnea on Exertion				
Asthma				
Asthma				

Comments:

Yes=Resolved,
No=Continues:

Fig. 6

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Initial Visit Form [Comprehensive]

Close

Patient: Doe, John

SSN: 123-12-1234

Date of Visit: 01/03/1999

Presenting Complaint

Problem List

Visit Vitals

Height (in): 69

Weight (lb): 166.5

BMi (kg/m²): 24.6

Pulse (bpm): 74

☒ Regular

☐ Irregular

Resp/min (in): 18

Ten-p (F): 99

Cuff to be used for visit BP: Large Adult

Arm to be used for visit BPs: Right

Seated Blood Pressure:

Systolic	Diastolic	Arm
152	91	Left
160	96	Right
*		

Standing Blood Pressure:

Systolic	Diastolic	Arm
144	88	Right

Open BP Trend Graph

Left Arm

Right Arm

BP Summary

Fig. 2

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Initial Visit Form: [Comprehensive]

Close

Visit data indicates that the patient is NOT AT GOAL Blood Pressure

Goal Blood Pressure Less Than: 130/85

Avg SBP this visit: 138.0
Avg DBP this visit: 80.0
Avg MAP this visit: 99.3

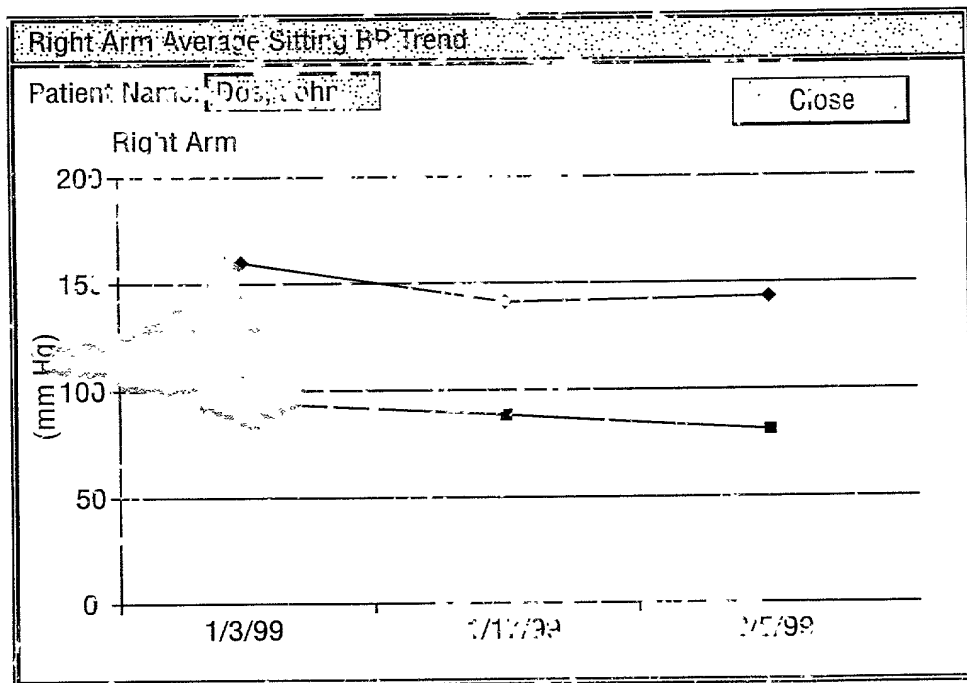
Change in average Pressure (mmHg) from Previous Visit

	1/17/99	2/5/99	BP Change
Systolic:	140.0	138.0	-2.0
Diastolic:	88.0	80.0	-8.0
Mean Arterial (MAP):	105.3	99.3	-6.0

Section is blank if Initial Visit or when no data is available for the arm selected

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Fig. 8



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Fig. 9

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Review of Systems

Patient: [Name] SSN: [SSN]

Review Data:

Neurological: [] Hematologic/Lymphatic: [] Allergic/Immunologic: [] Psychiatric: [] Reproductive: []

Constitutional: [] Respiratory: [] GI: [] Genitourinary: [] Psychosocial: [] Musculoskeletal: [] Integumentary: []

PO: []

Findings:

Exercise Tolerance* [] Out of breath after walking a short distance

Comment (free text):

Close

Unlock/Edit Form

This Form is Currently Unlocked

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Fig. 10

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Medications Form

Patient: Doe, John
SSN: 123-12-1234

Open Medication Summary **Print Prescriptions** **Close**

Medication	Dose	Freq	Prior V1	Start Date	Stop Date	Cont	#Refills	#Pills/Vials
Nephrocaps		TID	Yes	01/01/1996		Yes		
e is unsure of dose								
Accupril/Quinapril	10	BID	Yes	05/15/1998		Yes	5	66
Accupril/Quinapril								
ACE inhibitor						Yes		
Acetabul/Sectral						Yes		
Aceton Tablets								
Acetamenophen								
Achromycin								
AcipHex/Rabeprazole Sodium								
Acro-Lase								

Combination Medication Entry Tool Enter combination medication info. and click the Append to Medication List button.

Combination Medication: Frequency: Start Date: Stop Date: Cont: Prior V1:

(required) (required)

Append to Patient Medication List

Fig. 11

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Physical Impression and Plan

Patient: **Doe, John**
 SSN: **123-12-1234**
 Date: **01/03/1999**

Close

General HEENT Neck Lung Heart Musculoskeletal Abdomen Neuro Breasts Skin Extremities Rectal

Abnormal

Abnormal Lung Findings:

rales-equal:R and L
 Dullness to percussion
 rales L>R
 rales R/L
 rales-basilar
 rales-equal:R and L
 tracheal
 wheeze-bilateral
 wheeze-end-inspiratory

Other Lung Findings (free text):

Involves one-quarter posterior lung fields bilaterally

Fig. 12

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Visit Lab Orders

Patient: **Doe, John**
 SSN: **123-12-1234**
 Date of Visit: **01/03/1999**

Close
 Open Lab Visit for this Order

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Current Lab CT Lab

Lab Orders

Urine Albumin
 Grea (Serum)
 24hr Blood Pressure Monitor

210

206

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Cancel Order

Order Checked Labs

☐ CBC
☐ Cholesterol
☐ CK
☐ CPK
☒ Grea (Serum)
☐ CT scan-Head
☐ Dietary: 1800 ADA Diet
☐ Dietary: 2 gram sodium diet
☐ Dietary: 2000 ADA Diet
☐ Dietary: 2200 ADA Diet
☐ Dietary: Low fat / Low cholesterol diet

Fig. 13

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Lab Form

Patient: **Doe, John**

SSN: **123-12-1234**

Date: **01/03/1999**

Urine Results

Neural Artery Duplex Scan

Echocardiogram

Calculated Diagnostics/Comments:

BLOOD TEST RESULTS

Test	Result	Reference Range
Fasting:		
Sodium:		135 - 145 (mmol/L)
Potassium:		3.5 - 5.5 (mmol/L)
Chloride:		95 - 110 (mmol/L)
Carbon Dioxide:		23.0 - 33.0 (mmol/L)
BUN:		7 - 20 (mg/dl)
Creatinine:	1.2	0.5 - 1.2 (mg/dl)
Glucose:	110	70 - 110 (mg/dl)
Bun/Crea ratio:		7 - 20
Anion Gap:		5 - 20 (mmol/L)
Bilirubin, Direct:		0.0 - 0.4 (mg/dl)
Bilirubin, Indirect:		0.0 - 0.8 (mg/dl)
Calcium:		8.2 - 10.6 (mg/dl)

EGFR: 52.0

(110-126 : Impaired Fasting Glucose)

Fig. 14

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Physical Impression and Plan

Order Date: 01/03/1999 Delete This Order Close

Ordering Physician: Flack, John M. Order Lab Tests From Sheet

Labs Available Open Lab Visit for this Order

Test(s) Ordered:	Status:	ReOrder Date:
Urine Albumin	<input checked="" type="checkbox"/> Done <input type="checkbox"/> Not Done	
Crea (Serum)	<input checked="" type="checkbox"/> Done <input type="checkbox"/> Not Done	
24hr Bldg Pressure Monitor	<input checked="" type="checkbox"/> Done <input type="checkbox"/> Not Done	
Lipid Profile	<input checked="" type="checkbox"/> Done <input type="checkbox"/> Not Done	
	<input checked="" type="checkbox"/> Done <input type="checkbox"/> Not Done	

Record: 1 of 1

Fig. 15

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Secondary HTN

Patient: Doe, John

SSN: 1233-12-1234

Close

Renovascular Hypertension

Hyperaldosteronism

Pheochromocytoma

Cushing's Syndrome

Hyperthyroidism/Hypothyroidism

Renovascular Test:

Test Date:

Diagnosis:

Diag Date:

Actions Taken / Findings:

▶ Captopril Renogram

Location:

*

Location:

Lab Date: 01/03/1999

Right Kidney:

PSV RRA Origin: (<180 cm/sec)

PSV RRA Mid: (<180 cm/sec)

PSV RRA Distal: (<180 cm/sec)

RT Renal/Aortic Ratio: (<2.5)

Right Kidney:

Left Kidney:

PSV LRA Origin: (<180 cm/sec)

PSV LRA Mid: (<180 cm/sec)

PSV LRA Distal: (<180 cm/sec)

LT Renal/Aortic Ratio: (<3.5)

Left Kidney:

Record: 1 of 2

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Sig. 16

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EGFR Calculator

Patient: **Doe, John**
SSN: **1233-12-1234**

Close

Always verify that the information below is accurate!

Age: (Yr)
Sex:
Height: (in)
Weight: (lb)
Serum Creatinine: (mg/dl)

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EGFR **39.3**

Note: Although the data is imported from the patient record, field changes made on this form are NOT stored in the patient record.

Fig. 17

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LDL Cholesterol

Close

Patient: Doe, John

SSN: 1233-12-1234

Age*: 75

Sex*: Male

Family Hx of CHD*: No

Smoking*: No

Hypertension*: Yes

CHD: Yes

Diabetes*: No

HDL*: 60 mg/dl

LDL*: 150 mg/dl

Goal LDL: Less than or equal to 100 mg/dl

Always verify that the information below is accurate!

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*required field if CHD is "No"

LDL / HDL Lab Results Summary:

VDATE	FASTING	LDL	HDL
01/03/1999	Yes	150	60

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Fig. 18

Title: **COMPUTER-IMPLEMENTED METHOD AND SYSTEM FOR MANAGING PATIENT HEALTHCARE AND EVALUATING PATIENT KIDNEY FUNCTION**

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Impression / Treatment

Patient: Doe, John

SSN: 1233-12-1234

Visit Date: 1/3/99

Lab Orders

Urine Albumin	▼
Crea (Serum)	▼
24hr Blood Pressure Monitor	▼

Close

Order lab Tests From Sheet

Open Calculated Statements

Impression

Treatment Plan

Impression:

Gentleman with ESRD on peritoneal dialysis with HTN of unknown duration. His symptoms of dyspnea on moderate exertion point to the need to screen for systolic and diastolic heart dysfunction and, if systolic dysfunction is present, to consider combined hypertensive and ischemic cardiomyopathy. I suspect that he has some peripheral arterial disease and mild claudication symptoms. He is currently impotent, a problem likely secondary to his hypertension and radiation treatment for prostate cancer. Atherosclerosis also may be playing a role in his impotence. His cerebellar dysmetria is possibly linked to remote ETOH intake. Some of his breathlessness also may relate to primary pulmonary disease. Combined systolic and diastolic hypertension in a significantly overweight patient.

Other Visit Impression(s) for Patient:

Preforrated Statements (A)

Preforrated Statements (B)

Preforrated Statements (C)

Blood pressure elevation in a significantly overweight person who is not currently adhering to any lifestyle modifications and also discussed the long-term need for blood pressure medications if pressure levels do not come down.

Combined systolic and diastolic hypertension in a significantly overweight patient.

Consider possible sleep apnea, since patient is overweight and also gives Hx of snoring at night.

Diet is likely a problem by the patient's own admission.

Excellent blood pressure control, patient is at goal.

Excellent blood pressure response, however, still above goal. Patient has seen a dietitian and is on a low-fat, low-salt diet.

Fig. 19

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Impression / Treatment Plan																															
Patient: Doe, John SSN: 1233-12-1234 Visit Date: 1/3/99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Lab Orders</th> <th style="text-align: left; padding: 2px;">Close</th> </tr> <tr> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Urine Albumin <input type="checkbox"/> Crea (Serum) <input type="checkbox"/> 24hr Blood Pressure Monitor </td> <td style="padding: 2px;"> <input type="button" value="Order lab Tests From Sheet"/> <input type="button" value="Open Calculated Statements"/> </td> </tr> </table>	Lab Orders	Close	<input checked="" type="checkbox"/> Urine Albumin <input type="checkbox"/> Crea (Serum) <input type="checkbox"/> 24hr Blood Pressure Monitor	<input type="button" value="Order lab Tests From Sheet"/> <input type="button" value="Open Calculated Statements"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;"> <input type="button" value="Impression"/> <input type="button" value="Treatment Plan"/> </td> </tr> </table>		<input type="button" value="Impression"/> <input type="button" value="Treatment Plan"/>																							
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<input type="button" value="Impression"/> <input type="button" value="Treatment Plan"/>																															
<div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p>Impression:</p> <p>Renal artery duplex scan, stress echocardiogram, start Norvasc 2.5 mg Q day, EKG, and review his labs and serum TSH. Will continue treatment with Viagra for his impotence if he does not have easily induced coronary ischemia or stress echocardiography.</p> </div>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; text-align: left; padding: 2px;">Other Visit Impression(s) for Patient</th> <th style="width: 30%; text-align: left; padding: 2px;">Preforated Statements (A)</th> <th style="width: 30%; text-align: left; padding: 2px;">Preforated Statements (B)</th> <th style="width: 10%; text-align: left; padding: 2px;">Preforated Statements (C)</th> </tr> <tr> <td style="padding: 2px;">Return to clinic in 2-3 weeks.</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Return to clinic in 3 months.</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Return to clinic in 4-6 months.</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Return to clinic in 4-6 weeks.</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="4" style="padding: 2px;">The patient is being referred to the dietician for a 2 gram sodium, low-fat, low-cholesterol diet.</td> </tr> <tr> <td colspan="4" style="padding: 2px;">Will check lutes BUN and creatinine on return.</td> </tr> </table>				Other Visit Impression(s) for Patient	Preforated Statements (A)	Preforated Statements (B)	Preforated Statements (C)	Return to clinic in 2-3 weeks.				Return to clinic in 3 months.				Return to clinic in 4-6 months.				Return to clinic in 4-6 weeks.				The patient is being referred to the dietician for a 2 gram sodium, low-fat, low-cholesterol diet.				Will check lutes BUN and creatinine on return.			
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Fig. 20

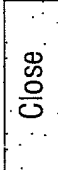
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Diagnostic Subform



Calculated Statements

Meets criteria for HTN based on diabetes, CHF, CRI, and SBP at least 130 or DBP at least 85 or on antihypertensive meds.

It is prudent to wait ~4 to 6 weeks prior to titrating antihypertensive medications to maximize BP lowering and to minimize drug-related side effects.

Meets criteria for impaired fasting glucose based on lab results.

For patients with ED: 1) if hypertensive, avoid thiazide diuretics, beta blockers (particularly older ones), and central adrenergic inhibitors. Favor use of alpha blockers. 2) Consider sildenafil (Viagra).

Preventive: Patients 50 years and older should have colonoscopy if primary relative has colorectal cancer and every 5 years after 2 negative exams.

Preventive: Patients 40 years and older should have stool checked for occult blood.

Due to history of sulfa drug allergy, avoid thiazide diuretics or use them with caution.

Due to history of CHF, avoid use of thiazolidinediones and metformin.

In asthmatics with ASA sensitivity, non-acetylated salicylates (Trilisate, Disalcid, etc.) are less likely to cause severe bronchospasm & anaphylactoid reactions. However, these reactions may occur with any NSAID.

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Fig. 21

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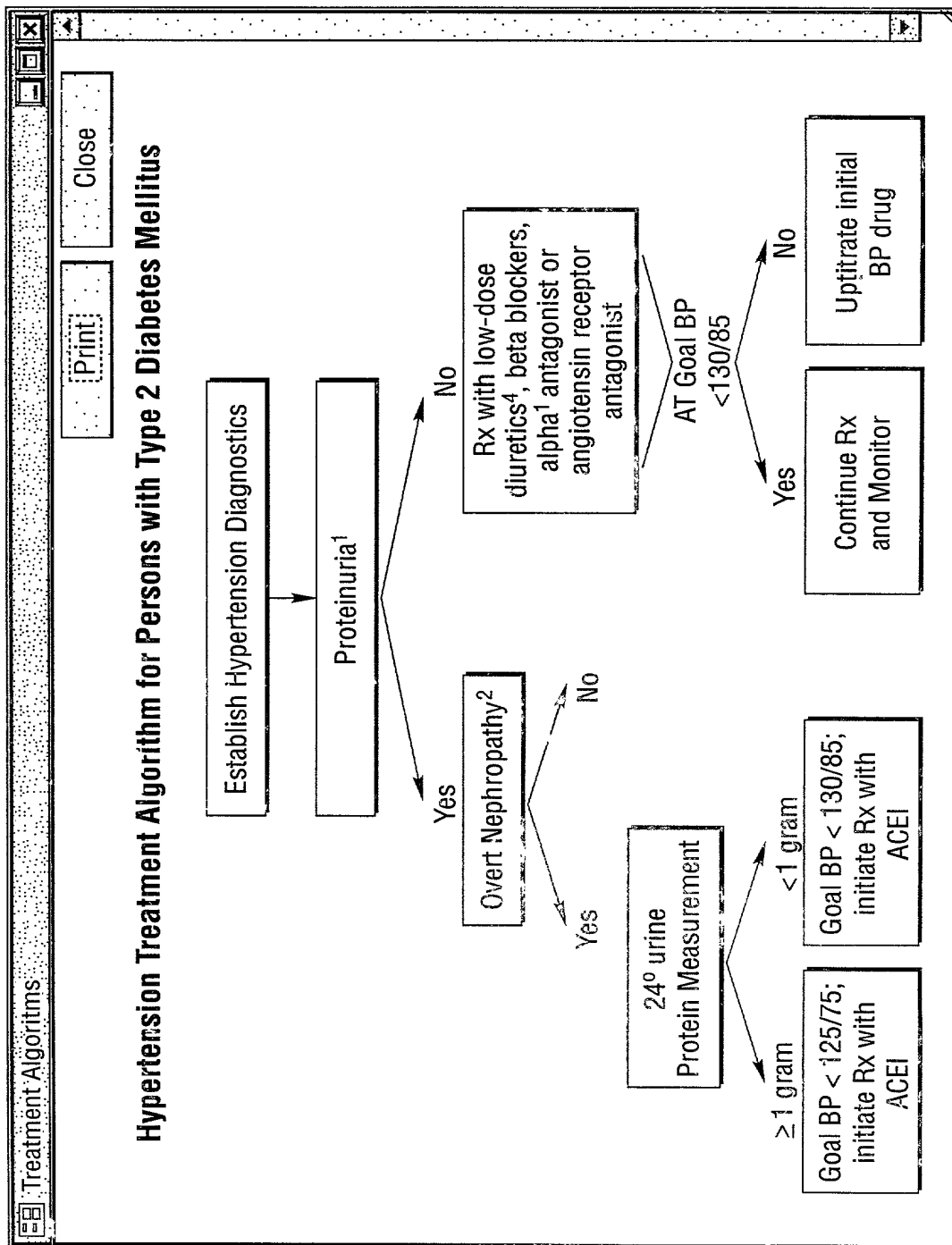


Fig. 22

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Possible Allergic Reactions!

Close

THERE MAY BE POTENTIAL ALLERGIES TO THE FOLLOWING
CURRENTLY PRESCRIBED MEDICATION(S)!

HCTZ

Allergy category
Sulfa Antibiotic

Recommendation

Close

It is prudent to wait ~4 to 6 weeks prior to titrating antihypertensive medications to
maximize BP lowering and to minimize drug-related side effects.

Fig. 23

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Referred Letter Form

Wayne State University
Internal Medicine

Re: **DOE, JOE A.**
Med Rec#: **123-12-1234**

November 15, 2000

REFERRING PHYSICIAN INFORMATION

First Name: **John** Address1: **4201 St. Antoine, Suite 7A**
 MI: **A** Address2: **University Health Center**
 Last Name: **Salameier** City: **Detroit**
 Degrees: **MD** State: **MI**
 Phone: **(313) 745-8000** Zip: **48201**
 Fax: **(313) 745-5545** Comments:
 Email: **jsalameier@intmed.wayne.edu**

Dear Dr. Salameier,

Thank you very much for your kind referral of John Doe DOB 3/5/1925 for evaluation. Attached is a copy of my clinic note.

IMPRESSION:

Gentleman with ESRD on peritoneal dialysis with HTN of unknown duration. His symptoms of dyspnea on moderate exertion point to the need to screen for systolic and diastolic heart dysfunction and, if systolic dysfunction is present, to consider combined hypertensive and ischemic cardiomyopathy. I suspect that he has some peripheral arterial disease and mild claudication symptoms. He is currently impotent, a problem likely secondary to his hypertension and radiation treatment for prostate cancer. Atherosclerosis also may be playing a role in his impotence. His cerebellar dysmetria is possibly linked to remote ETOH intake. Some of his breathlessness also may relate to primary pulmonary disease.

PROBLEMS:

Problem	Comments	Resolved
Hypertension		
LVH		
Pulmonary hypertension		
End Stage Renal disease (ESRD)		
Dyspnea on Exertion	-1 block, probable cause anoxemia	

ADDITIONAL PROBLEMS:

Problem	Comments	Resolved
Mild global dysfunction; EF 45-50%		
Valvular heart disease; mild AI, MR,		

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Fig. 24

Application Serial No.: 10/036,202 / Atty. Docket No.: MTS 0102 PUS

24/27

Referral Letter Form	
Wayne State University Internal Medicine	Re: DOE, JOE A. Med Rec#: 123-12-1234
November 14, 2000	
Physician Directory: <input type="text"/>	<input type="button" value="Append Selected Physician"/>
REFER TO:	
Physician Name: <input type="text"/> Fredrick <input type="text"/> M <input type="text"/> Smith <input type="text"/> MD <small>First MI Last Degrees (MD, MPH)</small>	
Address 1: <input type="text"/> 123 3rd Ave. <input type="text"/> Detroit <input type="text"/> MI <input type="text"/> 42021 <input type="text"/> (313) 555-8823 <input type="text"/> Suite 4A <input type="text"/> MD <small>City State Zip Fax Email</small>	
Dear Dr. Smith,	
I am referring this patient to you for . I have included my visit notes.	
IMPRESSION:	
Gentleman with ESRD on peritoneal dialysis with HTN of unknown duration. His symptoms of dyspnea on moderate exertion point to the need to screen for systolic and diastolic heart dysfunction and, if systolic dysfunction is present, to consider combined hypertensive and ischemic cardiomyopathy. I suspect that he has some peripheral arterial disease and mild claudication symptoms.	
Rec'd: <input type="text"/> 1 <input type="button" value="Print"/> <input type="button" value="Close"/>	

25th

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25/27

Print Request		Close	
Patient: Doe, John SSN: 123-12-1234 Visit Selected: 01/03/1999			
Print Menu	Preview	PDF	Print
Patient History			
Review of Systems			
Preventive Health/Sleep Apnea			
Current Wt/Lbs Only			
Full Medication List			
Visit Vitals/Problems/Complaint			
Physician Impression/Plan			
Diabetes Care			
Secondary Hypertension Summary			
BioZ (plethysmography)			
MedTrace Calculated Comments			
Print Thank You Letter for Referring Doctor Print Visit Report			

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26 July

Title: **COMPUTER-IMPLEMENTED METHOD AND SYSTEM FOR MANAGING PATIENT
HEALTHCARE AND EVALUATING PATIENT KIDNEY FUNCTION**

First Named Inventor: **John M. Flack**

Application Serial No.: **10/036,203** / Atty. Docket No.: **MTS 0102 PUS**

26/27

MedTrace

File Edit Insert Records Window Add To list Medication Table Treatment Algorithms View Summary Help

Referral Letter Form

Close

First Name: John

Middle Initial: M

Last Name: Flack

Degree: MD, MPH

Address1: University Health Center

Address2: 4201 St. Antoine, Suite 4C

City: Detroit

State: MI

Zip: 48201

Telephone: (313) 966-0635

Fax Number: (313) 745-5565

E-mail: jflack@intmed.wayne.edu

Record: 26 of 95

Fig. 27

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Title: **COMPUTER-IMPLEMENTED METHOD AND SYSTEM FOR MANAGING PATIENT HEALTHCARE AND EVALUATING PATIENT KIDNEY FUNCTION**

First Named Inventor: **John M. Flack**

Application Serial No.: **10/036,232** / Atty. Docket No.: **MTS 0102 PUS**

27/27

Clinical/Administrative Report	
Physician Provider <input type="radio"/> All <input type="radio"/> Physician A <input type="radio"/> Physician B <input type="radio"/> Physician C <input type="radio"/> Physician D	Age (years) <input type="text"/> Thru <input type="text"/> <input type="radio"/> All Ages
Time Period Month <input type="text"/> Thru <input type="text"/> Month Year <input type="text"/> Thru <input type="text"/> Year	Report Variables <input type="radio"/> % Visits at or Below JNC-VI <input type="radio"/> % Attaining Goal BP <input type="radio"/> Average Number of Follow-Up Visits <input type="radio"/> Average Number of Baseline Hypertensive Medications <input type="radio"/> Average Number of Follow-Up Anti-Hypertensive Medications <input type="radio"/> Average Pretreatment Blood Pressure <input type="radio"/> Average Blood Pressure Reduction From Baseline
Race/Ethnicity <input type="radio"/> All Race/Ethnicity <input type="radio"/> White <input type="radio"/> African American <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Asian/Pacific <input type="radio"/> Other	Sex <input type="radio"/> Men <input type="radio"/> Women <input type="radio"/> Both

Fig. 28